

Staff Summary



276-15

Nassau County
Office of Management & Budget

Subject					
Budget Transfers					
Department					
Office of Management & Budget					
Budget Director					
Department Deputy					
Robert Conroy					
Proposed Legislative Action					
	To	Date	Approval	Info	Other
	Assign Comm				
	Rules Comm				
	Full Leg				

Date			
June 25, 2015			
Vendor Name			
Contract Number			
Contract Manager Name			
Internal Approvals			
Date & Initials	Approval	Date & Initials	Approval
	Dept. Head	7/3/15	Counsel to C.E.
	Budget		County Atty.
	Govt. Relations	7/4/15	County Exec.

Purpose: To modify certain departmental budgets as per attached resolution and back-up materials.**Discussion:** This proposed Budget Transfer resolution covers the following board transfers, the back-up memorandum for which is annexed hereto according to the following index:

- a) **Board Transfer No. 025:** [BTCW15000025]

	CODE	DESCRIPTION	AMOUNT
FROM	HE-GRT-CNY6FED-AA98Z	Health Department – Grant Fund – Salaries	\$ 657.00
	HE-GRT-C100NYS-AA98Z	Health Department – Grant Fund – Salaries	\$ 648.00
	HE-GRT-C100NYS-DD498	Health Department – Grant Fund – General Expenses	\$ 848.00
	TOTAL		\$ 2,153.00
TO	HE-GRT-CNY6FED-AB10F	Health Department – Grant Fund – Fringe Benefits	\$ 657.00
	HE-GRT-C100NYS-AB10F	Health Department – Grant Fund – Fringe Benefits	\$ 1,496.00
	TOTAL		\$ 2,153.00

This transfer adjusts various accounts to agree with approved budgets in connection with the Children with Special Healthcare Needs Grant for the period 10/01/13 – 09/30/14 and the Early Intervention Administration Grant for the period 10/01/14–09/30/15.

Impact on Funding: These transfers have no impact on the overall budget as it represents the transfer of existing funds within the same department and enable the grant to be maximized.

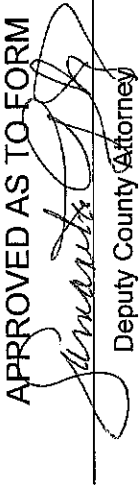
Recommendation: Approve Resolution.

2015 JUL -6 P 4:02
RECEIVED
NASSAU COUNTY
CLERK OF THE LEGISLATURE

RESOLUTION NO. - 2015

A RESOLUTION to authorize the transfer of appropriations heretofore made within the budget for the year 2015.

APPROVED AS TO FORM


Deputy County Attorney

2015 JUL -6 PM 4:02

RECEIVED
MANAGEMENT AND BUDGET
CLERK OF THE BOARD OF SUPERVISORS

WHEREAS, the County Executive, by communication dated July 3, 2015, addressed to the County Legislature, has advised that a transfer of appropriations heretofore made has been requested in order to provide funds to meet certain expenditures authorized within the budget for the year 2015; and

WHEREAS, this transfer has been reviewed and approved by the Office of Management and Budget and the Office of the County Executive; and

WHEREAS, the said transfer is known as BT-25 as follows:

BOARD TRANSFER NO. 25

	<u>CODE</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
<u>FROM</u>	HE-GEN-CNY6FED-AA	Health Department – Grant Fund – Salaries	\$657.00
	HE-GRT-C100NYS-AA	Health Department – Grant Fund – Salaries	\$648.00
	HE-GRT-C100NYS-DD	Health Department – Grant Fund – General Expenses	\$848.00
	TOTAL		\$2,153.00
<u>TO</u>	HE-GRT-CNY6FED-AB	Health Department – Grant Fund – Fringe Benefits	\$657.00
	HE-GRT-C100NYS-AB	Health Department – Grant Fund – Fringe Benefits	\$1,496.00
	TOTAL		\$2,153.00

and

WHEREAS, the said transfer of appropriations is recommended by the County Executive in said communication and is within the scope of Section 307 of the County Government Law of Nassau County; now, therefore, be it

RESOLVED, that the County Legislature does hereby authorize the said transfer of appropriations heretofore made within the budget for the year 2015, as hereinabove set forth; and be it further

RESOLVED that this resolution may be modified to allow for the correction of any mathematical and/or typographical errors subsequent to any approval and adoption of said resolution without the necessity for a vote to be taken by the County Legislature or by the members of any Standing Committee of said Legislature if said resolution is passed by the affirmative vote of a majority of said Legislature; and be it further

RESOLVED, that it is hereby determined, pursuant to the provisions of the State Environmental Quality Review Act, 8 N.Y.E.C.L. Section 0101 et seq. and its implementing regulations, Part 617 of 6 N.Y.C.R.R., and Section 1611 of the County Government Law of

EDWARD P. MANGANO
County Executive



CARNELL T. FOSKEY
County Attorney

County of Nassau Inter-Departmental Memo

To: Clerk of the County Legislature
From: County Attorney
Date: July 3, 2015
Subject: RESOLUTION - ORIG. DEPT – Management and Budget

A RESOLUTION to authorize the transfer of appropriations heretofore made within the budget for the year 2015.

The above-described document attached hereto is forwarded for your review and approval and subsequent transmittal to the County Legislature for inclusion upon its calendar.

CARNELL T. FOSKEY
County Attorney

A handwritten signature in cursive script, appearing to read "Samantha A. Goetz", is written over a horizontal line.

Samantha A. Goetz
Deputy County Attorney
Opinions and Appeals Bureau

Attachments

EDWARD P. MANGANO
County Executive



COUNTY OF NASSAU
OFFICE OF THE NASSAU COUNTY EXECUTIVE
1550 Franklin Avenue
Mineola, New York 11501

RECOMMENDATION OF COUNTY EXECUTIVE
FOR TRANSFER OF APPROPRIATIONS HERETOFORE MADE
WITHIN THE BUDGET FOR THE YEAR 2015

July 3, 2015

COUNTY LEGISLATURE
NASSAU COUNTY
THEODORE ROOSEVELT EXECUTIVE & LEGISLATIVE BUILDING
1550 FRANKLIN AVENUE
MINEOLA, NEW YORK

HONORABLE MEMBERS:

A transfer of appropriations heretofore made has been requested in order to provide funds to meet certain expenditures authorized with the budget for the year 2015. This transfer has been reviewed with the Office of Management and Budget.

The said transfer is known as BT-25.

Therefore, and pursuant to Section 307 of the County Government Law of Nassau County, I recommend that you adopt a resolution authorizing the said transfer of appropriations heretofore made with the budget for the year 2015.

Very truly yours,

A handwritten signature in black ink, appearing to be "E. Mangano", written over a horizontal line.

for EDWARD P. MANGANO
County Executive
Nassau County

COUNTY OF NASSAU

Inter-Departmental Memo

To: Stephen Feiner
Office of Grants Management and Budgets

From: Health Department

Date: 6/2/15

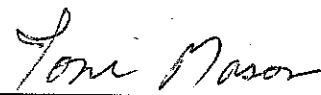
Subject: Transfer of Funds

We request the following transfer of funds to agree with the State budget of the Children with Special Healthcare Needs 10/1/13 – 9/30/14.

From:	<u>Index</u>	<u>Detail</u>		
	HEGRTCNY6FED	CNX3	AA98Z	\$657
				<u>\$657</u>

To:	<u>Index</u>	<u>Detail</u>		
	HEGRTCNY6FED	CNX3	AB10F	\$657
				<u>\$657</u>

These funds are 100% reimbursable by the New York State Health Department.



Toni Mason
Fiscal Director

TM/um



Nassau County

Department of Health

Staff Summary – All legislative submissions other than procurements

Internal Approvals			
Date & Init.	Approval	Date & Init.	Approval
	County Executive or Deputy		Director of Legislative Affairs
	Budget		Counsel to County Executive

Subject TRANSFER OF FUNDS	CN X3
Department Health	
Department Head Name Toni Mason, Fiscal Director	
Department Head Signature <i>Toni Mason</i>	
Date 6/2/15	

Purpose:

A transfer between lines is necessary to reflect the NYS approved Budget.

Discussion:

This transfer is being requested to reflect the final approved budget.

Impact on Funding:

This enables us to maximize grant reimbursement.

Recommendation:

The Health Department is requesting approval of this transfer to reflect the NYS approved budget.

COUNTY OF NASSAU

Inter-Departmental Memo

To: Stephen Feiner
Director of Grants Management

From: Health Department -- Fiscal Unit

Date: June 22, 2015

Subject: Transfer of Funds

We request the following transfer of funds to agree with the NYS approved budget for the Early Intervention Administration grant for the period 10/1/14-9/30/15.

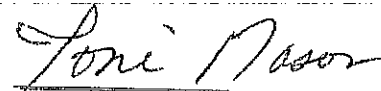
From: Index

HE GRT C1 X4	HEGRTC100NYS	AA98Z	\$ 648
		DD498	<u>\$ 848</u>
			<u>\$1,496</u>

To: Index

HE GRT C1 X4	HEGRTC100NYS	AB10F	<u>\$1,496</u>
			<u>\$1,496</u>

These funds are 100% reimbursable by the New York State Health Department.


Toni Mason
Fiscal Director

TM/tmm



Nassau County

Department of Health

Staff Summary – All legislative submissions other than procurements

Internal Approvals			
Date & Init.	Approval	Date & Init.	Approval
	County Executive or Deputy		Director of Legislative Affairs
	Budget		Counsel to County Executive

Subject	
TRANSFER OF FUNDS:	C1X4
Department	Health
Department Head Name	Toni Mason, Fiscal Director
Department Head Signature	<i>Toni Mason</i>
Date	06/22/15

Purpose:

A transfer between lines is necessary to reflect the NYS approved budget.

Discussion:

This transfer is requested for the following reason:
We had some staffing changes that resulted in savings to the AA line. Travel expenses have been reduced to reflect actual expenditures resulting in savings to the DD line. We utilized the savings in the AA and DD lines to cover additional pension expenditures in the AB line.

Impact on Funding:

This enables us to maximize grant reimbursement.

Recommendation:

The Health Department is requesting approval of this transfer to reflect the NYS approved budget.

Schiliro, Joseph

From: Swiencki, Rosemary
Sent: Tuesday, June 23, 2015 4:29 PM
To: Schiliro, Joseph
Cc: Laurain, MaryEllen; McCurry, Theresa
Subject: Line Transfer - Early Intervention Grant
Attachments: Line Transfer - Early Intervention Grant.pdf

Good Afternoon Joe,

Attached is a line transfer for the Early Intervention grant that I am submitting on behalf of Terri McCurry who is out today.

Terri will be back tomorrow if you should have any questions.

Thank you.

Rosemary Swiencki
Accountant
Nassau County Department of Health
60 Charles Lindbergh Blvd.
Suite 112/Concourse
Uniondale, NY 11553-3683
Phone: 516-227-8611
Fax: 516-227-8627

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FAML4010 V4.2
LINK TO:

NIFS PRODUCTION SYSTEM
DOCUMENT HEADER

06/25/2015
5:50 PM

DOCUMENT CATEGORY : BT BOARD TRANSFERS (BT)
ENTERED BY : SCHILIRO, JOSEPH 1-4373
DOCUMENT NUMBER : BTCW15000025 INITIATING DEPT : BU
INPUT PERIOD (MM YYYY) : 06 2015 JUNE
VENDOR NUMBER / SUFFIX : APPROVAL TYPE : 01
VENDOR NAME :
VENDOR ADDRESS :

COUNTRY :
ALPHA VENDOR :
BANK NUMBER : TREAS NO :
DUE DATE : SINGLE CHECK :
DOCUMENT AMOUNT : 4,306.00 CURRENCY CODE :
NUMBER OF LINES : 5 RESPONSIBLE UNIT :
TRANSACTION CODE HASH :
TERMS : NOTEPAD (Y OR N) : N
POSTING/EDIT ERRORS :
F1-HELP F2-SELECT F3-DELETE F4-PRIOR F5-NEXT F6-DTL ENTRY
F7-VIEW DOC F8-SUBMIT F9-LINK F10-SAVE F12-ADL FCTNS
GO14 - RECORD FOUND

FAML4760 V4.2
LINK TO:

NIFS PRODUCTION SYSTEM
DOCUMENT DISPLAY

06/25/2015
5:50 PM

DOCUMENT : BTCW15000025 INPUT PERIOD : 06 2015 AMT : 4,306.00

S	SFX	T/C	DOCUMENT REF	INDEX	SUBOBJ	VENDOR	G/L	SUBSID	ERR
PST/GST	DESCRIPTION						TRANS	AMOUNT	
01	025		REALLOCATE FUNDING	HEGRTCNY6FED	AB10F				N
								657.00	
02	026		REALLOCATE FUNDING	HEGRTCNY6FED	AA98Z				N
								657.00	
03	025		REALLOCATE FUNDING	HEGRTC100NYS	AB10F				N
								1,496.00	
04	026		REALLOCATE FUNDING	HEGRTC100NYS	AA98Z				N
								648.00	
05	026		REALLOCATE FUNDING	HEGRTC100NYS	DD498				N
								848.00	

F1-HELP F2-SELECT
F7-PRIOR PG F8-NEXT PG F9-LINK

FAML4250 V4.2
LINK TO:

NIFS PRODUCTION SYSTEM
OTHER DOCUMENTS

06/25/2015
5:50 PM

DOCUMENT : BTCW15000025 - 01 INPUT PER : 06 2015 AMT : 4,306.00

TRANS CODE : 025 INCREASE APPROPS- BOARD TRANSFER/SUPPLEMENTAL
DOCUMENT REF :
TRANS DESC. : REALLOCATE FUNDING INVDT:
TRANS AMOUNT : 657.00 TRANS NET AMT :
INDEX : HEGRTCNY6FED CHILDREN WITH SPEC HEALTH NEEDS (CSHCN)
SUBJECT : AB10F FRINGE BENEFITS
UCODE/ORD#/DRC :
GRANT : HECN CHILDREN WITH SPEC HEALTH NEEDS (CSHCN)
GRANT DETAIL : X3 CHILD WITH SPEC HEALTH NEEDS(CSHCN)13/14
PROJECT :
PROJECT DETAIL :
GL ACCOUNT :
SUBSIDIARY :
VENDOR :
BANK NUMBER :
FINANCIAL ERRORS : TREAS NO: START/END:
F1-HELP F2-SELECT F3-DELETE F4-PRIOR F5-NEXT
F7-VIEW DOC F9-LINK F10-SAVE
G014 - RECORD FOUND

FAML4250 V4.2
LINK TO:

NIFS PRODUCTION SYSTEM
OTHER DOCUMENTS

06/25/2015
5:50 PM

DOCUMENT : BTCW15000025 - 02 INPUT PER : 06 2015 AMT : 4,306.00

TRANS CODE : 026 DECREASE IN APPROPS - BOARD TRANSFER
DOCUMENT REF :
TRANS DESC. : REALLOCATE FUNDING INVDT:
TRANS AMOUNT : 657.00 TRANS NET AMT :
INDEX : HEGRTCNY6FED CHILDREN WITH SPEC HEALTH NEEDS (CSHCN)
SUBJECT : AA98Z APPROPRIATION TRANSFER OUT
UCODE/ORD#/DRC :
GRANT : HECN CHILDREN WITH SPEC HEALTH NEEDS (CSHCN)
GRANT DETAIL : X3 CHILD WITH SPEC HEALTH NEEDS(CSHCN)13/14
PROJECT :
PROJECT DETAIL :
GL ACCOUNT :
SUBSIDIARY :
VENDOR :
BANK NUMBER :
FINANCIAL ERRORS : TREAS NO: START/END:
F1-HELP F2-SELECT F3-DELETE F4-PRIOR F5-NEXT
F7-VIEW DOC F9-LINK F10-SAVE
G014 - RECORD FOUND

FAML4250 V4.2
LINK TO:

NIFS PRODUCTION SYSTEM
OTHER DOCUMENTS

06/25/2015
5:50 PM

DOCUMENT : BTCW15000025 - 03 INPUT PER : 06 2015 AMT : 4,306.00

TRANS CODE : 025 INCREASE APPROPS- BOARD TRANSFER/SUPPLEMENTAL
DOCUMENT REF :
TRANS DESC. : REALLOCATE FUNDING INVD:
TRANS AMOUNT : 1,496.00 TRANS NET AMT :
INDEX : HEGRTC100NYS INFANT HEALTH ASSESSMNT PR89/90
SUBJECT : AB10F FRINGE BENEFITS
UCODE/ORD#/DRC :
GRANT : HEC1 INFANT HEALTH ASSESSMNT PR
GRANT DETAIL : X4 EARLY INTERVENTION 14/15
PROJECT :
PROJECT DETAIL :
GL ACCOUNT :
SUBSIDIARY :
VENDOR :
BANK NUMBER :
FINANCIAL ERRORS : TREAS NO: START/END:
F1-HELP F2-SELECT F3-DELETE F4-PRIOR F5-NEXT
F7-VIEW DOC F9-LINK F10-SAVE
G014 - RECORD FOUND

FAML4250 V4.2
LINK TO:

NIFS PRODUCTION SYSTEM
OTHER DOCUMENTS

06/25/2015
5:50 PM

DOCUMENT : BTCW15000025 - 04 INPUT PER : 06 2015 AMT : 4,306.00

TRANS CODE : 026 DECREASE IN APPROPS - BOARD TRANSFER
DOCUMENT REF :
TRANS DESC. : REALLOCATE FUNDING INVDT:
TRANS AMOUNT : 648.00 TRANS NET AMT :
INDEX : HEGRTC100NYS INFANT HEALTH ASSESSMNT PR89/90
SUBJECT : AA98Z APPROPRIATION TRANSFER OUT
UCODE/ORD#/DRC :
GRANT : HEC1 INFANT HEALTH ASSESSMNT PR
GRANT DETAIL : X4 EARLY INTERVENTION 14/15
PROJECT :
PROJECT DETAIL :
GL ACCOUNT :
SUBSIDIARY :
VENDOR :
BANK NUMBER :
FINANCIAL ERRORS : TREAS NO: START/END:
F1-HELP F2-SELECT F3-DELETE F4-PRIOR F5-NEXT
F7-VIEW DOC F9-LINK F10-SAVE
G014 - RECORD FOUND

FAML4250 V4.2
LINK TO:

NIFS PRODUCTION SYSTEM
OTHER DOCUMENTS

06/25/2015
5:50 PM

DOCUMENT : BTCW15000025 - 05 INPUT PER : 06 2015 AMT : 4,306.00

TRANS CODE : 026 DECREASE IN APPROPS - BOARD TRANSFER
DOCUMENT REF :
TRANS DESC. : REALLOCATE FUNDING INVDT:
TRANS AMOUNT : 848.00 TRANS NET AMT :
INDEX : HEGRTC100NYS INFANT HEALTH ASSESSMNT PR89/90
SUBJECT : DD498 APPROPRIATION TRANSFER OUT
UCODE/ORD#/DRC :
GRANT : HEC1 INFANT HEALTH ASSESMNT PR
GRANT DETAIL : X4 EARLY INTERVENTION 14/15
PROJECT :
PROJECT DETAIL :
GL ACCOUNT :
SUBSIDIARY :
VENDOR :
BANK NUMBER :
FINANCIAL ERRORS : TREAS NO: START/END:
F1-HELP F2-SELECT F3-DELETE F4-PRIOR F5-NEXT
F7-VIEW DOC F9-LINK F10-SAVE
G014 - RECORD FOUND